POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER		16	3 23 00
FORMALITY REVIEW	SH	60245	5-10-00
RESPONSE FORMALITY REVIEW	SH	60245	8-17-00

INDEX OF CLAIMS

✔ .... Rejected
= .... Allowed
— (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim			Date							
Final	Original									
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If more than 150 claims or 10 actions
staple additional sheet here

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